

# MODULE 5: Motivational Interviewing as a Counseling Style

## Preparation Checklist

- Review Getting Started (page 6) for preparation information.
- Preview Module 5, including handouts.
- Read pages 39–55 in TIP 35, Chapter 3, “Motivational Interviewing as a Counseling Style.”
- Post on the training room wall the Class Rules and all the newsprint pages generated during Module 4.
- Prepare newsprint titled Five Principles, and list the following (highlight the letters indicated as a memory aid for participants):
  - Express empathy;
  - Develop discrepancy;
  - Avoid argument and direct confrontation;
  - Support self-efficacy and optimism; and
  - Roll with client resistance.
- Prepare newsprint titled Responding to Resistance, and list the following:
  - Simple reflection;
  - Amplified reflection;
  - Double-sided reflection;
  - Shifting focus;
  - Agreement with a twist; and
  - Reframing.
- Write the names of the five stages of change (precontemplation through maintenance) at the top of five pieces of poster board or sheets of newsprint.
- Cut out and fold the resistance role slips.

- ❑ In addition to the materials listed in Getting Started, bring to the session the following:
  - Large Post-its™ or index cards and glue sticks;
  - Five poster boards (optional);
  - An appropriate container for the role slips; and
  - A timer (optional).

## Module 5 Overview

### Module 5 Goals and Objectives

#### Goals:

- To introduce elements of the motivational interviewing counseling style (developed by William Miller and Stephen Rollnick).
- To practice using motivational interviewing techniques.

#### Objectives: Participants who complete Module 5 will be able to—

- Articulate five assumptions of motivational interviewing;
- Understand and articulate the concept of stage-specific motivational conflicts; and
- Articulate and describe five principles of motivational interviewing style.

### Content Timeline

Homework Review and Introduction	15 minutes
Exercise: “Special Someone” Guided Journey	15 minutes
Presentation: Introduction to Motivational Interviewing as a Counseling Style (from TIP 35, chapter 3, pages 39–40)	10 minutes
Exercise: Stage-Specific Motivational Conflicts (based on TIP 35, chapter 3, page 40)	15 minutes
Presentation: Five Principles of Motivational Interviewing (from TIP 35, chapter 3, pages 40–49)	20 minutes
Exercise: Slow-Motion Role Plays	45 minutes
Total Time	2 hours



15 minutes



OH #5-1



Handout 5-1



15 minutes

## Homework Review and Introduction

### Welcome and Review

Welcome participants as they enter the room, and ask them to review Module 4 by—

- Walking around the room and looking at the newsprint pages posted on the wall; and
- Reviewing their notes.

Ask whether anyone has any questions or thoughts about Module 4.

Tell participants that they now will share the results of their homework assignment for Module 4.

Ask participants to review the notes they wrote and to find partners.

Tell participants that they will have about 10 minutes to talk with their partners about their experiences.

Encourage partners to use reflective listening as they listen to each other.

### Module 5 Goals and Objectives

Give participants Handout 5-1: Module 5 Goals and Objectives.

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*If you prefer, give participants all the handouts for this module now rather than one at a time.*

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Briefly review the goals and objectives.

Explain that, although Module 5 addresses counseling style in the context of motivational interviewing, the principles and practices are relevant to a range of motivational approaches.

### Exercise: “Special Someone” Guided Journey

Tell participants that you now will introduce them to one of the hallmarks of motivational interviewing—spirit and style—by taking them on a guided journey.

Invite participants to become comfortable. Suggest that they close their eyes, look down, or relax in a way that will allow them to imagine taking a journey.

Say the following in a slow, gentle manner:

- I'd like you to think about someone in your life who had a positive influence on you, who helped you become a better person. (Pause 15–20 seconds.)
- This person still could be in your life or could be someone from your past, but this person should mean a lot to you. (Pause several seconds.)
- The person could be a teacher, a coach, a parent, friend, spouse, or someone else. (Pause 15–20 seconds.)
- Take a minute and visualize this person in your mind. (Pause 5–10 seconds.)
- Now, I would like you to think about this person's traits or characteristics. (Pause several seconds.)
- What was or is it about that person that made him or her so influential in your life? (Pause at least 30 seconds.)



10 minutes



OH #5-2

Ask each participant to find a partner.

Ask partners to take about 5 minutes to share with their partners the traits or characteristics they identified in the exercise.

After 5 minutes, ask participants to share with the whole training group some of the traits they discussed with their partners.

Write responses on newsprint.

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*Throughout this exercise, model reflective listening (a concept integral to motivational interviewing), and ask clarifying questions as appropriate. As the reporting of traits slows down, model the motivational interviewing strategy of eliciting responses and ask: Is there anything else?*

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Summarize the traits that participants list, and tape the newsprint pages on the wall.

Ask participants to think about the following two rhetorical questions:

- What if you were like that person?
- What would that mean to your clients?

Ask participants: What would your clients say about you, if you possessed these qualities?

Facilitate and summarize discussion.

## Presentation: Introduction to Motivational Interviewing as a Counseling Style

Explain that style is defined as a *way of being* with a client rather than just a *technique*.

Explain that motivational interviewing is—

- A way for the clinician to become a helper in the change process and express acceptance of the client;
- A way to interact with clients that is not merely an adjunct to other therapeutic approaches; and
- A style of counseling that helps resolve the ambivalence that prevents clients from realizing personal goals.

Explain that motivational interviewing is a counseling style based on the following assumptions:

- Ambivalence about substance use (and change) is normal and is a big obstacle to recovery.
- Ambivalence can be resolved by working with each client's intrinsic motivations and values.
- The alliance between clinician and client is a collaborative partnership to which each brings important expertise.

- An empathic and supportive, yet directive, counseling style facilitates change.
- Direct argument and aggressive confrontation may increase client defensiveness and reduce the likelihood of behavioral change.

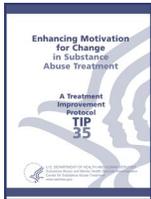
Emphasize that—

- Ambivalence about substance use and change is often a client’s central problem—and lack of motivation can be a manifestation of this ambivalence.
- If a clinician interprets ambivalence as denial or resistance, friction between the clinician and the client may occur.

Explain that the motivational interviewing style allows for exploration of clients’ stage-specific motivational conflicts that can hinder their progress.



15 minutes



## Exercise: Stage-Specific Motivational Conflicts

Divide the training group into several small groups.

Refer participants to page 40 of TIP 35, Figure 3-1: Stage-Specific Motivational Conflicts.

Assign each small group one or more of the five stages of change listed in the figure, and give the group the matching poster board or newsprint for that stage.

Give each group a pack of Post-its™ or five or six index cards.

Ask the small groups to review the example of client conflict listed in the figure for their assigned stage of change and to—

- Develop as many additional examples as is possible in 8 minutes;
- Write each example on a Post-it™ or index card; and
- Attach the note or card to the appropriate poster board or newsprint page.

After 8 minutes, ask one person from each small group to read the group’s examples.

When all examples for a stage of change have been read, ask the training group whether anyone has others to add.

Write additional examples on the poster board or newsprint.

Stand posters up against the wall or attach newsprint to the wall.

Explain that—

- Listening for and “hearing” clients’ motivational conflicts as they progress through the stages of change are critical to applying motivational approaches successfully.
- Participants will have an opportunity to practice identifying motivational conflicts in a homework assignment.



20 minutes



## Presentation: Five Principles of Motivational Interviewing

Display the prepared newsprint titled Five Principles.

Explain that there are five principles of motivational interviewing style:

- Express empathy through reflective listening;
- Develop discrepancy between clients' goals or values and their current behavior;
- Avoid argument and direct confrontation;
- Support self-efficacy and optimism; and
- Roll with client resistance.

### Express Empathy

Explain that an empathic counseling style—

- Communicates respect for and acceptance of clients and their feelings;
- Encourages a nonjudgmental, collaborative relationship;
- Allows the clinician to be a supportive and knowledgeable consultant;
- Sincerely compliments rather than denigrates;
- Listens rather than tells;
- Gently persuades, with the understanding that the decision to change is the client's; and
- Provides support throughout the recovery process.

Emphasize that—

- The key component of expressing empathy is reflective listening.
- Imposing direction and judgment creates barriers that impair the therapeutic relationship.

Explain that researchers have identified 12 types of nonempathic responses that create such barriers.

Refer participants to pages 42–43 of TIP 35, and briefly read through the list. Tell participants that they will use this list in their homework assignments for Module 5.

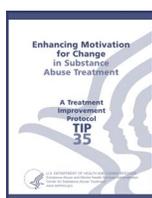
### Develop Discrepancy

Explain that—

- Developing clients' awareness of consequences helps them examine their behavior.
- Identification of a discrepancy between present behavior and important goals motivates change.
- The *client* should state the arguments for change.
- A clinician helps a client recognize discrepancies on a number of levels; for example, a clinician can point out the conflict between the client's substance use and—
  - Personal identity and values;
  - Community values;
  - Spiritual or religious beliefs; and
  - Family members' values.



OH #5-3





OH #5-4

Note that a clinician helps a client recognize discrepancies by using carefully chosen and strategic reflecting. For example, emphasize that—

- If a client shows *any* concern about substance use, highlight this concern to heighten the client’s perception and acknowledgment of discrepancy (for example, “So, you think that using marijuana may have had something to do with failing your final exam?”).
- Once a client begins to understand how the consequences of substance use conflict with significant personal values, amplify and focus on this discrepancy until the client can articulate consistent concern and commitment to change.
- Clients’ cultural background affects their perceptions of discrepancy.
- A clinician must have a good understanding of *clients’* personal understanding of their specific cultural values (rather than simple generalizations) to help them effectively identify discrepancies.

### **Avoid Argument**

Ask participants whether they have ever argued or been tempted to argue with a client.

Ask participants how that worked for them.

Explain that when a clinician attempts to prove a point through arguing with a client, the client predictably takes the opposite side of the argument.

Emphasize that—

- Power struggles between clinician and client do not enhance motivation for change.
- When it is the client, not the clinician, who voices arguments for change, progress can be made.
- The goal is to “walk” with clients (i.e., accompany clients through treatment), not “drag” them along (i.e., direct clients’ treatment).

### **Support Self-Efficacy**

Emphasize that self-efficacy is a critical component of behavior change.

Note that a clinician can support a client’s self-efficacy by—

- Communicating belief in the client’s capacity to achieve goals;
- Talking about how others in similar situations have changed successfully;
- Providing opportunities for other clients to act as role models;
- Providing credible, understandable, and accurate information about substance use disorders;
- Providing information about methods and tools for recovery in a way that instills hope in the client; and
- Breaking the change process down into achievable small steps.

Ask participants whether they have other examples of how to support a client’s self-efficacy.



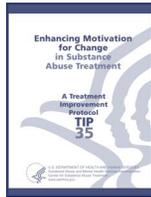
OH #5-5



OH #5-6



OH #5-7



## Roll With Resistance

Explain that—

- One view of resistance is that a resistant client is behaving defiantly.
- A more constructive view of resistance is that it is a signal that the clinician needs to change direction with or listen more carefully to the client.

Note that rolling with resistance is similar to avoiding arguments; it offers another chance to express empathy by—

- Remaining nonjudgmental and respectful; and
- Encouraging the client to talk and stay involved.

Refer participants to KAP Key 4, “Four Types of Client Resistance.”

Explain that resistant behavior can be identified by any of four basic behaviors (write each on newsprint as you speak):

- Arguing;
- Interrupting;
- Denying; and
- Ignoring.

Using KAP Key 4, briefly describe the subtypes of each behavior.

Display the prepared newsprint titled Responding to Resistance.

Explain that William Miller and colleagues have identified six basic ways to react appropriately to client resistance, and read the newsprint list.

Emphasize that clinicians must—

- Rely on their clinical judgment when choosing to use any particular technique; there is no “recipe”; and
- Consider their relationship with the client, the client’s stage of change, and what they know about the client’s motivational conflicts.

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*After each example in the following sections, repeat the “client” line, and ask participants for additional examples of responses in each category. This will give participants guided practice in using reflective listening.*

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### Simple reflection

Explain that—

- The simplest approach to responding to resistance is with nonresistance, by reflecting the client’s statement in a neutral form.
- This response acknowledges and validates what the client has said and can elicit an opposite response.

Provide an example, such as—

**Client:** I don't plan to quit drinking anytime soon.

**Clinician:** You don't see abstinence in your near future.

### *Amplified reflection*

Explain that amplified reflection—

- Reflects the client's statement in an exaggerated form—stated in an extreme way but without sarcasm; and
- Can move the client toward positive change rather than resistance.

Provide an example, such as—

**Client:** I don't know why my wife is worried about this. I don't drink any more than any of my friends.

**Clinician:** So your wife is worrying needlessly.

### *Double-sided reflection*

Note that double-sided reflection—

- Acknowledges what clients have said but also states contrary things they have said in the past; and
- Requires the use of information that clients have offered previously, although perhaps not in the same session.

Provide an example, such as—

**Client:** Maybe I should give up drinking completely, but I'm not going to do that!

**Clinician:** You can see that there are some real problems here, but quitting altogether clearly is not what you want to do.

### *Shifting focus*

Explain that this technique—

- Helps the client shift focus from obstacles and barriers; and
- Offers an opportunity for the clinician to affirm clients' choices regarding the conduct of their lives.

Provide an example, such as—

**Client:** I can't stop smoking marijuana when all my friends are doing it.

**Clinician:** You're way ahead of me. We're exploring your concerns about your grades and whether you'll stay in school. We're not ready to talk about that yet.

### *Agreement with a twist*

Explain that this subtle strategy involves agreeing with the client, but with a slight twist or change of direction that propels the discussion forward.

Provide an example, such as—

**Client:** Why are you and my wife so stuck on my drinking? What about all her problems? You'd drink, too, if your family was nagging you all the time.

**Clinician:** You've got a good point, and that's important. There is a bigger picture here, and maybe I haven't been paying enough attention to that. It's not as simple as one person's drinking. I agree with you that we shouldn't be placing blame here. Drinking problems like these involve the whole family.

### Reframing

Explain that reframing—

- Is a good strategy to use when a client denies personal problems;
- Offers a new and positive interpretation of negative information provided by the client; and
- Acknowledges the validity of the client's perception, but offers a new meaning for consideration.

Note that education also can be a useful way to use reframing.

For example, many heavy drinkers believe they do not have a substance use disorder because they can "hold their liquor." When the clinician explains objectively that tolerance is a risk factor and a warning signal, clients' perspectives might shift regarding the meaning of their ability to hold their liquor. Reframing not only is educational but also sheds new light on clients' alcohol use.

### Exercise: Slow-Motion Role Play

Explain that this exercise provides participants with an opportunity to think about and practice rolling with resistance.

Divide the training group into small groups of at least four participants each.

Refer participants to Handout 5-2: Slow-Motion Role Play and Handout 5-3: Slow-Motion Role Play Crib Sheet.

Review exercise instructions with the group.

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*If you have sufficient time, consider letting participants develop their own client scenarios, based on the clients they actually work with, instead of using those provided in Handout 5-2.*

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Place in a central location a container with the resistance role slips, and ask each "client" to draw a role and begin.

Walk around the room and observe the role plays, providing assistance when it is needed.

Keep time and announce each 5-minute increment (using a timer will free you to focus on observing the role plays without fear of losing track of time).

When groups have completed their role plays, ask participants to share any thoughts or feelings they have or anything they learned.



45 minutes



Handouts 5-2  
and 5-3



Handout 5-4

## Homework

Refer participants to Handout 5-4: Homework.

Ask participants to read pages 53–55 in TIP 35, “Effectiveness of Motivational Interviewing.”

Ask participants to complete the following exercises before the next session.

### ***Practice Exercise 1***

- Review Figure 3-1: Stage-Specific Motivational Conflicts, page 40 in TIP 35.
- During at least two counseling sessions, try to identify the client’s stage-specific motivational conflicts.
- Write a few brief notes about what you discover.

### ***Practice Exercise 2***

- Review the 12 examples of nonempathic responses on pages 42–43 of TIP 35.
- Think about your counseling style, and identify any of the nonempathic responses you have used at times.
- During at least two counseling sessions, try to be aware of any nonempathic responses you make, and write a brief paragraph about the experience.



## Slow-Motion Role Play: Resistance Role Slips

Cut out each slip, fold it, and place it in a container.

<b>ARGUING</b>	<b>ARGUING</b>
<b>ARGUING</b>	<b>ARGUING</b>
<b>INTERRUPTING</b>	<b>INTERRUPTING</b>
<b>INTERRUPTING</b>	<b>INTERRUPTING</b>
<b>DENYING</b>	<b>DENYING</b>
<b>DENYING</b>	<b>DENYING</b>
<b>IGNORING</b>	<b>IGNORING</b>
<b>IGNORING</b>	<b>IGNORING</b>









## Handout 5-2: Slow-Motion Role Play

### Introduction

In this small-group exercise, you will take turns playing three roles:

- Client;
- Clinician; and
- Observer.

The “clinician” role will be played by **two** people who will act as a team to respond to the client.

You will role play three scenarios for 5 minutes each, then take 5 minutes to process each role play. Switch roles for each scenario.

The purpose of the exercise is to practice identifying resistant behavior and responding in a way that rolls with the resistance. The slow-motion aspect allows time for the “clinicians” to think about the “client’s” resistance and plan an appropriate response.

### Instructions for Each Role Play

#### ***Small Group***

- Choose a scenario from those below.
- Decide who will play each role.

#### ***The “Client”***

- Draw a resistance role from the container. (Note: Be sure you draw a different role for each role play.)
- Take a minute to plan your approach to the role, using KAP Key 4 to review the variations of each type of resistance.
- Don’t tell your fellow group members which resistance behavior you will be demonstrating.
- Play your role as realistically as possible, based on your clinical experience.

#### ***The “Clinician” Team***

- Decide which of you will be the “voice” of the “clinician.”
- Confer before responding to the “client” (slow motion).
- Use Handout 5-3: Slow-Motion Role Play Crib Sheet, as needed.

#### ***Observers***

- Try to identify the resistance role the “client” is demonstrating.
- Observe the apparent effects of the interventions made by the “clinician” team.



## Instructions for Processing Each Role Play

The “clinician” team shares—

- What its experience was like;
- What it thought worked well; and
- What it thought didn’t work well or would do differently next time.

The “client” shares—

- What the experience was like;
- What worked well (what interventions seemed to reduce feelings of resistance); and
- What might have worked better.

The “observer” shares—

- What resistance role the “client” was demonstrating; and
- Any observations about the process.

## Scenarios

### ***Scenario 1: Sam***

You are 35 years old and married to Molly; you have one child, Sara. You work full time in what you consider a stressful but rewarding profession. You have been spending increasing amounts of time drinking in clubs with your friends and have experienced blackouts on occasion. You tried cocaine for the first time 3 months ago and have been using it more frequently. You have been late to work several times and have started staying home “sick” 1 or 2 Mondays a month. You and Molly have been fighting more over your alcohol use and “partying,” although she doesn’t know that you’ve been using cocaine. She had threatened several times to leave you because of your alcohol use. She actually took Sara to her sister’s house last month and is refusing to come back until you get help for your drinking. You think that your wife is overreacting to your “having fun” with your friends and relaxing, but her leaving scared you into making an appointment at a local treatment program. You have seen a counselor three times. You have mentioned to the clinician that your family is important to you and you don’t know what you’d do if you lost them.

### ***Scenario 2: Maria***

You are 17 years old and living at home with your mother and your stepfather. You started smoking marijuana at age 14, when your parents divorced. You have continued smoking regularly and started drinking this year. You have been arrested for shoplifting beer and are now on probation. You started staying out all night on occasion this past year, and your mother is frantic. Your stepfather has “had it with you,” and you are fighting with him constantly. You think that what you do with your friends is none of his business. Your family is very religious, and everyone goes to church together on Sundays. You tested positive for marijuana at your last probation visit, and your probation officer referred you to a treatment program. You really don’t think you need treatment, but your mother is so upset that you agreed to go. You have been to two sessions. You mentioned to the clinician at the last session that you sometimes feel guilty that you have worried your mother because you love her very much. You also have stopped going to church with your parents and sometimes miss being a part of that community.



### ***Scenario 3: Darryl***

You are 45 years old and divorced, with two teenaged sons whom you rarely see. You were just arrested for your second driving while intoxicated charge, with a blood alcohol level of 0.29. The first time you were arrested, you attended an alcohol education program but continued to drink. This time, you were involved in an accident, lost your driver's license, and have been court ordered into treatment. After the accident, you were treated for minor injuries in the emergency room, and doctors noticed that you had an enlarged liver. You since have been seen in a local medical clinic and were told that you have some liver damage, most likely related to your drinking. You are a little scared about that but can't imagine not drinking because all of your friends and most of your relatives drink. You have attended three sessions at a treatment program. In a recent session, you mentioned that you think your divorce might have had something to do with your drinking and that you wish you had a better relationship with your sons.





## Handout 5-3: Slow-Motion Role Play Crib Sheet

Strategy	General Approach
Simple Reflection	<ul style="list-style-type: none"><li>■ Uses the simplest approach to responding to resistance with nonresistance by repeating the client's statement in a neutral form; and</li><li>■ Acknowledges and validates what the client has said and can elicit an opposite response.</li></ul>
Amplified Reflection	<ul style="list-style-type: none"><li>■ Reflects the client's statement in an exaggerated form—stated in a more extreme way but without sarcasm; and</li><li>■ Can move the client toward positive change rather than resistance.</li></ul>
Double-Sided Reflection	<ul style="list-style-type: none"><li>■ Acknowledges what clients have said but also states contrary things they have said in the past; and</li><li>■ Requires the use of information that clients have offered previously, although perhaps not in the same session.</li></ul>
Shifting Focus	<ul style="list-style-type: none"><li>■ Helps clients shift focus from obstacles and barriers; and</li><li>■ Offers an opportunity for the clinician to affirm clients' personal choices regarding the conduct of their lives.</li></ul>
Agreement With a Twist	<ul style="list-style-type: none"><li>■ Involves agreeing with the client, but with a slight twist or change of direction that propels the discussion forward.</li></ul>
Reframing	<ul style="list-style-type: none"><li>■ Is a good strategy to use when a client denies personal problems;</li><li>■ Offers a new and positive interpretation of negative information provided by the client;</li><li>■ Acknowledges the validity of the client's perception, but offers a new meaning for consideration; and</li><li>■ Often uses education.</li></ul>

Adapted from TIP 35, chapter 3, pages 46–49.









# Module 5

## Motivational Interviewing as a Counseling Style



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# Assumptions of Motivational Interviewing

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- Ambivalence is normal **and** an obstacle.
- Ambivalence can be resolved.
- Collaborative partnership—each has expertise.
- An empathic, supportive, yet directive, counseling style facilitates change.
- Direct argument/aggressive confrontation may **increase** defensiveness, **reduce** likelihood of change.



# Express Empathy

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- The key component of expressing empathy is reflective listening.
- Imposing direction and judgment rather than listening reflectively creates barriers that impair the therapeutic relationship.



# Develop Discrepancy

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- Clinicians help clients recognize discrepancies by using carefully chosen, strategic reflecting.
- Clients' cultural background affects their perceptions of discrepancy.
- Clinicians must have a good understanding of the clients' cultural values.





# Avoid Argument

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- Power struggles between clinician and client do not enhance motivation for change.
- When it is the client, not the clinician, who voices arguments for change, progress can be made.







# Support Self-Efficacy

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- Communicate belief in the client's capacity
- Talk about how others in similar situations have changed
- Provide opportunities for other clients to act as role models
- Provide credible, understandable, accurate information
- Provide information about tools for recovery in a way that instills hope in the client
- Break the change process down into achievable small steps



# Roll With Resistance

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Resistance is a signal that the clinician needs to change direction with or listen more carefully to the client.

